

# Stage 2 IDSE Standard Monitoring Plan

This form must be completed and returned to the following address **or** e-mailed to [Stage2mdbp@epa.gov](mailto:Stage2mdbp@epa.gov):

Stage 2 & LT2 IPMC  
P.O. Box 98  
Dayton, OH 45401

## I. GENERAL INFORMATION

### A. PWS Information\*

B. Date Submitted\* \_\_\_\_\_

PWS ID#: LA  
PWS Name: \_\_\_\_\_  
PWS Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Population Served: \_\_\_\_\_

System Type:	Source Water Type:	Buying /Selling Relationships:
<input type="checkbox"/> CWS	<input type="checkbox"/> Surface Water (Subpart H)	<input type="checkbox"/> Consecutive System
<input type="checkbox"/> NTNCWS	<input type="checkbox"/> Ground	<input type="checkbox"/> Wholesale System
		<input type="checkbox"/> Neither

If your system buys/sells water to/from another water system, list the name of the largest water system in your combined distribution system (CDS).

PWS Name (of largest system in CDS): \_\_\_\_\_  
PWS ID (of largest system in CDS): \_\_\_\_\_

### C. PWS Operations

Residual Disinfectant Type:  
\_\_\_\_\_Chlorine \_\_\_\_\_Chloramines \_\_\_\_\_Ozone \_\_\_\_\_Chlorine Dioxide

Number of Disinfected Sources: \_\_\_\_Surface \_\_\_\_Ground \_\_\_\_Purchased

### D. Contact Person\*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## II. IDSE REQUIREMENTS\*

A. Number of Sites	B. Schedule	C. Standard Monitoring Frequency
_____ Near Entry Point	<input type="checkbox"/> Schedule 1	<input type="checkbox"/> During peak historical month
_____ Avg. Residence Time	<input type="checkbox"/> Schedule 2	<input type="checkbox"/> Every 90 days (4 monitoring periods)
_____ High TTHM	<input type="checkbox"/> Schedule 3	<input type="checkbox"/> Every 60 days (6 monitoring periods)
_____ High HAA5	<input type="checkbox"/> Schedule 4	

PWS ID#: LA

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### III. SELECTING STANDARD MONITORING SITES

**A. Data Evaluated - Put a ✓ in each box corresponding to the data that you used to select each type of standard monitoring site. Check all that apply.**

Data Type	Type of Site			
	Near Entry Pt.	Avg. Residence Time	High TTHM	High HAA5
<b>System Configuration</b>				
Pipe layout, locations of storage facilities				
Locations of sources and consecutive system entry points				
Pressure zones				
Information on population density				
Locations of large customers				
<b>Water Quality and Operational Data</b>				
Disinfectant residual data				
Stage 1 DBP data				
Other DBP data				
Microbiological monitoring data (e.g., HPC)				
Tank level data, pump run times				
Customer billing records				
<b>Advanced Tools</b>				
Water distribution system model				
Tracer study				

**B. Summary of Data\* Provide a summary of data you relied on to justify standard monitoring site selection. (*attach additional sheets if needed*)**

[illegible]

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### IV. JUSTIFICATION OF STANDARD MONITORING SITES\*

Standard Monitoring Site ID (from map) <sup>1</sup>	Site Type	Justification
1	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
2	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
3	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
4	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
5	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
6	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
7	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
8	<input type="checkbox"/> Near Entry Pt <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	

<sup>1</sup> Verify that site IDs match IDs in Section IV and on your distribution system schematic (See Section VII of this form). Attach additional copies if you are required to select more than 8 standard monitoring locations or need more room.

## Stage 2 IDSE Standard Monitoring Plan

## V. PEAK HISTORICAL MONTH AND PROPOSED STANDARD MONITORING SCHEDULE

**A. Peak Historical Month\*** \_\_\_\_\_

**B. If Multiple Sources, Source Used to Determine Peak Historical Month**  
(Write "N/A" if only one source in your system)

**C. Peak Historical Month Based On\* (check all that apply)**

\_\_\_ High TTHM \_\_\_ High HAA5 \_\_\_ Warmest water temperature

**If you used other information to select your peak historical month, explain here**  
(attach additional sheets if needed)

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#### D. Proposed Standard Monitoring Schedule\*

[illegible]

*Verify that site IDs match IDs in Section IV and on your distribution system schematic (See Section VII of this form). Attach additional copies if you are required to select more than 8 standard monitoring locations.*

<sup>2</sup> period = monitoring period. Complete for the number of periods from Section II.C. Can list exact date or week (e.g., week of 7/9/07)

## Stage 2 IDSE Standard Monitoring Plan

### VI. PLANNED STAGE 1 DBPR COMPLIANCE MONITORING SCHEDULE\*

Does your system have any Stage 1 DBPR Compliance monitoring requirements?

☐ Yes

☐ No

Stage 1 Monitoring Site ID (from map) <sup>1</sup>	Projected Sampling Date (date or week) <sup>2</sup>			
	period 1	period 2	period 3	period 4

<sup>1</sup> Verify that site IDs match IDs on your distribution system schematic (See Section VII of this form). Attach additional copies if you are required to monitor at more than 8 Stage 1 DBPR sites.

<sup>2</sup> period = monitoring period. Complete for the number of periods in which you must conduct Stage 1 DBPR monitoring during IDSE monitoring. Can list exact date or week (e.g., week of 7/9/07)

### VII. DISTRIBUTION SYSTEM SCHEMATIC\*

**ATTACH a schematic of your distribution system.**

Distribution system schematics are not confidential and should not contain information that poses a **security risk** to your system. EPA recommends that you use one of two options:

**Option 1: Distribution system schematic with no landmarks or addresses indicated.** Show locations of sources, entry points, storage facilities, standard monitoring locations, and Stage 1 compliance monitoring locations (required). Also include pressure zone boundaries and locations of pump stations. Provide map scale.

**Option 2: City map without locations of pipes indicated.** Show locations of sources, entry points, storage facilities, standard monitoring locations, and Stage 1 compliance monitoring locations (required). Also include boundaries of the distribution system, pressure zone boundaries and locations of pump stations. Provide map scale.

**List the number of facilities that exist in your distribution system and indicate their location on the schematic:**

	Sources
	Entry Point(s)
	Elevated and or Ground Water Storage Facilities
	Master Meters to Consecutive Systems
	Pumping Station(s)
	Booster Chlorination Station(s)

## Stage 2 IDSE Standard Monitoring Plan

### VIII. ATTACHMENTS

\_\_\_\_ Distribution System Schematic\* (Section VII).

\_\_\_\_ Additional sheets for the summary of data or site justifications (Sections III and IV).

\_\_\_\_ Additional copies of Page 3 for justification of Standard Monitoring Sites (Section IV). **Required if** you are a subpart H system serving **more than 49,999 people** or a ground water system serving **more than 499,999 people**.

\_\_\_\_ Additional sheets for explaining how you used data other than TTHM, HAA5, and temperature data to select your peak historical month (Section V).

\_\_\_\_ Additional copies of Page 4 for proposed monitoring schedule (Section V). **Required if** you are a subpart H system serving **more than 49,999 people** or a ground water system serving **more than 499,999 people**.

\_\_\_\_ Additional sheets for planned Stage 1 DBPR compliance monitoring schedule (Section VI).

Total Number of Pages in Your Plan \_\_\_\_\_

**Note: Fields with an asterisk (\*) are required by the Stage 2 DBPR**

**MAIL TO:      Stage 2 & LT2 IPMC  
                    P.O. Box 98  
                    Dayton, OH 45401**